

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/568619

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1		1				
2	1		1				
3	2		1				
4	0		1				
5	0		1				
6	0		1				
7	0		1				
8	0		1				
9	0		1				
10	0		1				
11	0		1				
12	0		1				
13	0		1				
14	0		1				
15	0		1				
16	1		1				
17	1		1				
18	1		1				
19	1		1				
20	1		1				
21	1		1				
22	1		1				
23	6		1				
24	6		1				
25	6		1				
26	0		1				
27	0		1				
28	0		1				
29	0		1				
30	0		1				
31	0		1				
32	0		1				
33	0		1				
34	1		1				
35	1		1				
36	1		1				
37	1		1				
38	0		1				
39	0		1				
40	0		1				
41	0		1				
42	0		1				
43	0		1				
44	0		1				
45	0		1				
46	0		1				
47	0		1				
48	0		1				
49	0		1				
50	0		1				
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
51	1		1		1		
52			1		1		
53	2						
54	0						
55	0						
56	0						
57	0		1		1		
58	0		1		1		
59							
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96							
97							
98							
99							
100							
TOTAL IND.	4		4		4		
TOTAL DEP.	73		54		54		
TOTAL CLAIMS	77		58		58		